

6. Correspondence Information

APPLICANT/OPERATOR (Name, Address and Phone of Name to be used on Permit)

Individual's Name: _____

Company Name: _____

Street: _____

City: _____

State: _____

Telephone: (____) _____

PERMITTING CONTACT (If different from Applicant/Operator above)

Individual's Name: _____

Company Name: _____

Street: _____

City: _____

State: _____

Telephone: (____) _____

INSPECTION CONTACT (If different from Applicant/Operator above)

Individual's Name: _____

Company Name: _____

Street: _____

City: _____

State: _____

Telephone: (____) _____

7. Location Information: The center of the operation lies in -

County: _____

USGS Quadrangle: _____

Principal Meridian (check one): ☐ 6th (Colorado) ☐ 10th (New Mexico) ☐ UteTownship (Write number and check direction): ____ North ☐ South ☐Range (Write number and check direction): ____ East ☐ West ☐Section: _____ Quarter Section (Check one): ☐ NE ☐ NW ☐ SE ☐ SWQuarter-Quarter Section (Check one): ☐ NE ☐ NW ☐ SE ☐ SW

Longitude (Write number): ____ Degrees (102-110) ____ Minutes (0-60)

____ . ____ Seconds (0.00-60.0)

Latitude (Write number): ____ Degrees (37-41) ____ Minutes (0-60)

____ . ____ Seconds (0.00-60.0)